



The Commonwealth of Massachusetts  
**Division of Health Professions Licensure**  
Board of Registration in Dentistry  
239 Causeway Street, 2nd Floor, Suite 200  
Boston, MA 02114  
(617) 973-0971  
[www.mass.gov/dph/boards](http://www.mass.gov/dph/boards)

### **Instructions for Anesthesia Permit And Facility Permit Application**

1) **Application and Permit Fee-**

A fee of \$120 must accompany application for each permit requested. Check or money order must be made payable to the Commonwealth of Massachusetts. If you are requesting both a facility permit and an individual permit, the fee is \$240. All fees are non-refundable. Licensees who are owners of the practice where Permit A, or Permit B or Permit C is administered are required to hold a Permit D- Facility Permit.

2) Please attach the documentation that pertains to the application permit(s).

For **PERMIT A** enclose **either** of the following:

- 1) Evidence of successful completion of one year advanced training beyond dental school level **or**
- 2) Certification by the American Board of Oral and Maxillofacial Surgeons **or**
- 3) Certification as a Fellow in Anesthesia by the American Dental Society of Anesthesiology.

For **PERMIT B** enclose the following:

- 1) Documentation of successful completion of a course which conforms to the American Dental Association Guidelines for Teaching the Comprehensive Control of Pain Anxiety in Dentistry, Parts 1 and 2

For **PERMIT C** enclose the following:

- 1) Documentation of successful completion of a course which conforms to the American Dental Association Guidelines for Teaching the Comprehensive Control of Pain Anxiety in Dentistry, Parts 1 and 2.

For **PERMIT D** enclose the following:

- 1) Request an on site inspection **or**
- 2) Current certificate of on-site inspection from the MA Society of Oral & Maxillofacial Surgeons
- 3) An application for or a current and valid Permit A, or Permit B, or Permit C

This application should only be submitted after determining that the requirements in 234 CMR 3.00 Administration of General Anesthesia, Deep Sedation, Conscious Sedation and Nitrous-Oxide, Oxygen Sedation have been met. To obtain a copy of 234 CMR Dental Rules and Regulations please call the State House Bookstore, Room 116, Boston, MA 02133 at Phone # (617) 727-2834 for document, fees and mailing instructions.



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**BOARD USE ONLY**

Issue Date: \_\_\_\_\_  
License #: \_\_\_\_\_  
Fee: \_\_\_\_\_  
Site Inspection: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Date/Inspect \_\_\_\_\_  
Exec. Dir.: \_\_\_\_\_

**ANESTHESIA PERMIT APPLICATION**  
**FACILITY PERMIT APPLICATION**

- **NOTE: APPLICANTS FOR AN ANESTHESIA PERMIT CAN ONLY HOLD ONE TYPE OF PERMIT (A or B or C)**
- **THE OWNER/SUPERVISING DENTIST OF EACH PRACTICE WHERE ANESTHESIA IS ADMINISTERED MUST HAVE AN INDIVIDUAL ANESTHESIA PERMIT (If the licensee administers anesthesia) AS WELL AS A FACILITY PERMIT**
- **FACILITY PERMITS ARE NOT TRANSFERABLE**

1. Applicant Name: \_\_\_\_\_  
Last First Middle

2. Mailing Address: \_\_\_\_\_  
No. Street Apt.#  
\_\_\_\_\_  
City/Town State Zip Code

3. Business Address: \_\_\_\_\_  
No. Street Apt.#  
\_\_\_\_\_  
City/Town State Zip Code

4. Telephone Number-Day: \_\_\_\_\_ Cell: \_\_\_\_\_

5. \_\_\_\_\_  
MA License Number

6. **SOCIAL SECURITY NUMBER (MANDATORY)** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Pursuant to MGL c. 62C, § 47A, the Division of Health Professions Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the child support and tax laws of the Commonwealth.

**(    ) PERMIT A**

**General Anesthesia, Deep Sedation, Conscious Sedation, and Nitrous-Oxide Oxygen Sedation**

I have attached documentation of **one** of the following:

- ☐ Successful completion of one year advanced training in anesthesiology beyond dental school level.
- ☐ Certification by the American Board of Oral and Maxillofacial Surgeons.
- ☐ Certification as a Fellow in Anesthesia by the American Dental Society of Anesthesiology.

**List all practice locations, including hospitals, where permit holder will provide services within scope of Permit A:**

<u>Print Address of Facility</u>	<u>Phone</u>	<u>Owner/Supervising Dentist</u>
_____ (    ) _____	_____	_____
_____ (    ) _____	_____	_____
_____ (    ) _____	_____	_____

**(    ) PERMIT B**

**Conscious Sedation**

- ☐ I have attached documentation of successful completion of a course which conforms to the American Dental Association Guidelines for Teaching the Comprehensive Control of Pain Anxiety in Dentistry, Parts 1 and 2.

**List all practice locations, including hospitals, where permit holder will provide services within scope of Permit B:**

<u>Print Address of Facility</u>	<u>Phone</u>	<u>Owner/Supervising Dentist</u>
_____ (    ) _____	_____	_____
_____ (    ) _____	_____	_____
_____ (    ) _____	_____	_____

**(     ) PERMIT C**  
**Nitrous-Oxide Oxygen Sedation Only**

- ☐ I have attached documentation of successful completion of a course which conforms to the American Dental Association Guidelines for Teaching the Comprehensive Control of Pain and Anxiety Dentistry, Parts 1 and 2.

**List all practice locations, including hospitals, where permit holder will provide services within scope of Permit C:**

<b><u>Print Address of Facility</u></b>	<b><u>Phone</u></b>	<b><u>Owner/Supervising Dentist</u></b>
_____ (     ) _____	_____	_____
_____ (     ) _____	_____	_____
_____ (     ) _____	_____	_____

**(     ) PERMIT D-Facility Permit**

**Facility Permit for Permit A**

- ☐ I request that an on-site inspection be scheduled for Permit A \_\_\_\_\_ or
- ☐ I have attached a current certificate of successful completion of an on-site inspection, conducted by the Massachusetts Society of Oral and Maxillofacial Surgeons and request that such inspection be accepted in lieu of an on-site inspection by the Board.
- ☐ Attached is a copy of current Massachusetts Permit A

**List all practice locations, including hospitals, at which Permit A holder will be providing services:**

<b><u>Print Address of Facility</u></b>	<b><u>Phone #</u></b>	<b><u>Owner/Supervising Dentist</u></b>
_____ (     ) _____	_____	_____
_____ (     ) _____	_____	_____
_____ (     ) _____	_____	_____

**Facility Permit for Permit B**

- ☐ I request that an on-site inspection be scheduled for Permit B or
- ☐ I have attached a current certificate of successful completion of an on-site inspection, conducted by the Massachusetts Society of Oral and Maxillofacial Surgeons and request that such inspection be accepted in lieu of an on-site inspection by the Board.
- ☐ Attached is a copy of current Massachusetts Permit B

**List all practice locations, including hospitals, at which Permit B holder will be providing services:**

<b>Print Address of Facility</b>	<b>Phone #</b>	<b>Owner/Supervising Dentist</b>
_____ ( ) _____	_____	_____
_____ ( ) _____	_____	_____
_____ ( ) _____	_____	_____

**Facility Permit for Permit C**

- ☐ I request that an on-site inspection be scheduled for Permit C or
- ☐ I have attached a current certificate of successful completion of an on-site inspection, conducted by the Massachusetts Society of Oral and Maxillofacial Surgeons and request that such inspection be accepted in lieu of an on-site inspection by the Board.
- ☐ Attached is a copy of current Massachusetts Permit C

**List all practice locations, including hospitals, at which Permit C holder will be providing services:**

<b>Print Address of Facility</b>	<b>Phone #</b>	<b>Owner/Supervising Dentist</b>
_____ ( ) _____	_____	_____
_____ ( ) _____	_____	_____
_____ ( ) _____	_____	_____

**I HEREBY CERTIFY, UNDER THE PAINS AND PENALTY OF PERJURY, THAT I HAVE A PROPERLY EQUIPPED FACILITY AND A PROPERLY TRAINED STAFF UNDER 234 CMR 3.00 ADMINISTRATION OF GENERAL ANESTHESIA, PARENTERAL SEDATION AND/OR CONSCIOUS SEDATION AND FURTHER THAT THE INFORMATION PROVIDED HEREIN IS TRUTHFUL.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature